

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

HIV/AIDS Bureau  
Division of State HIV/AIDS Programs

***Ryan White HIV/AIDS Program Integrated HIV Planning Implementation***

**Announcement Type:** New  
**Funding Opportunity Number:** HRSA-16-082

**Catalog of Federal Domestic Assistance (CFDA) No. 93.145**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: March 1, 2016**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Release Date: December 8, 2015**

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Authority: Sections 2606 and 2654(b) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L 111-87).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2016 Ryan White HIV/AIDS Program (RWHAP) Integrated HIV Planning Implementation cooperative agreement. The purpose of this program is to provide technical assistance to RWHAP Parts A and B recipients and their planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems, and to support activities related to the Centers for Disease Control and Prevention/HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) submissions.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Integrated HIV Planning Implementation
Funding Opportunity Number:	HRSA-16-082
Due Date for Applications:	March 1, 2016
Anticipated Total Annual Available Funding:	\$500,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$500,000 per year
Cost Sharing/Match Required:	No
Project Period:	Three (3) years: July 1, 2016 through June 30, 2019
Eligible Applicants:	<p>Eligible organizations may include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers involved in addressing HIV-related issues on a national scope and within governmental public health structures.</p> <p>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

### **Application Guide**

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. An FOA webinar will be held on Wednesday, January 6, 2016 at 3:00PM EST. To join the web portion, please use the following link: [https://hrsa.connectsolutions.com/integrated\\_planning/](https://hrsa.connectsolutions.com/integrated_planning/). To join the audio portion, please Dial 888-469-1573; and the participant passcode: 5798313.

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Integrated HIV Planning Implementation cooperative agreement. The purpose of this cooperative agreement is to provide technical assistance to RWHAP Parts A and B recipients and their planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems, and to support activities related to the Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Integrated HIV Prevention and Care Plan submissions.

The geographic range of the activities is nationwide.

In collaboration with HRSA and CDC, the funded entity will provide technical assistance to accomplish four main objectives:

- 1) To develop review tools and processes for the Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statement of Need;
- 2) To develop strategies, tools, and trainings for RWHAP recipients and planning bodies to identify and support activities to integrate planning across prevention and care and treatment service delivery systems;
- 3) To deliver targeted technical assistance in a select number of jurisdictions to facilitate integrated planning;
- 4) To support peer learning opportunities across RWHAP recipients and planning bodies.

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) encourage RWHAP and HIV prevention program recipients at the local and state levels to integrate planning activities; such activities encompass joint comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and fully merged planning bodies. Overall, planning groups are encouraged to streamline their approaches to HIV planning. Effective planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and people living with HIV (PLWH). Activities to collaborate are supported by HRSA and CDC and are a necessity in the development of an integrated plan. Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs. This cooperative agreement will assist HRSA RWHAP and CDC HIV prevention program recipients to move forward with these efforts.

## **2. Background**

This program is authorized by the technical assistance authorities in the Ryan White HIV/AIDS Program legislation, codified at title XXVI of the Public Health Service Act. HRSA's HAB and CDC's Division of HIV/AIDS Prevention DHAP released guidance for the Integrated HIV Prevention and Care Plan, including the SCSN, a legislative requirement for RWHAP Part A and B recipients, in June 2015. This guidance was provided to health departments and HIV

planning groups funded by DHAP and HAB for the development of an Integrated HIV Prevention and Care Plan. This new guidance format allows jurisdictions to submit one Integrated HIV Prevention and Care Plan, including the SCSN, to CDC and HRSA by September 30, 2016, covering calendar years 2017 – 2021. Submission of the Integrated HIV Prevention and Care Plan not only meets the legislative and programmatic requirements of CDC and HRSA, but also serves as a jurisdictional HIV/AIDS strategy or roadmap.

The context of HIV prevention and care in the United States has evolved due to changes in the health care delivery system, chiefly the implementation of the Affordable Care Act, and recent advances in biomedical, behavioral, and structural strategies to prevent and control HIV. The National HIV/AIDS Strategy and the HIV Care Continuum Initiative have bolstered further integration of HIV prevention and care efforts and fostered new approaches to addressing barriers to HIV testing and care and treatment. Federal agencies, state and local health departments, community-based organizations, health care providers, and PLWH continue to use the goals of the National HIV/AIDS Strategy and the HIV care continuum to measure progress toward the goals of preventing HIV, diagnosing people who do not know their HIV status, linking PLWH to care and treatment, retaining PLWH in care and treatment, prescribing antiretroviral treatment (ART) to PLWH, and achieving viral suppression.

In order to achieve the implementation of the Integrated HIV Prevention and Care Plans, including the SCSN, HRSA is providing this funding through a cooperative agreement to provide technical assistance to RWHAP Parts A and B recipients and planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems and to support activities related to the CDC/HRSA Integrated HIV Prevention and Care Plan submissions.

### **National HIV/AIDS Strategy: Updated to 2020**

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of [NHAS 2020](#):

- 1) Reduce new HIV infections;
- 2) Increase access to care and optimizing health outcomes for people living with HIV;
- 3) Reduce HIV-related health disparities and health inequities; and
- 4) Achieve a more coordinated national response to the HIV epidemic.

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the [HIV Care Continuum Initiative](#) (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refresh the ongoing work in HIV prevention, care, and research.

Advances in four key areas are of critical focus for the next five years and recipients should take action to align their organization's efforts with the Strategy around these key areas:

- Widespread testing and linkage to care, enabling people living with HIV to access treatment early;

- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among people living with HIV; and
- Full access to comprehensive Pre-Exposure Prophylaxis (PrEP) services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

More information on how recipients can support the NHAS 2020 can be found here:

<https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

## **HIV Care Continuum**

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV care continuum or the care treatment cascade. The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 30% of individuals living with HIV in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79% of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

The HIV care continuum measures also align with the [HHS Common HIV Core Indicators](#) approved by the Secretary. RWHAP recipients and providers are required to submit data through the RSR. Through the RSR submission, HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. HAB will calculate the HHS Core Indicators for the entire RWHAP using the RSR data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Secretary for Health.

## **Integrated Data Sharing and Use**

HRSA's HAB and CDC's DHAP support integrated data sharing, analysis, and use for the purposes of program planning, needs assessments, unmet need estimates, reports, quality improvement, the development of the HIV Care Continuum, and public health action. HRSA HAB strongly encourages RWHAP recipients to follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#). HRSA HAB strongly encourages establishing data sharing agreements between surveillance and program to ensure clarity about the process and purpose of the data

sharing and use. Integrated HIV data sharing and use approaches by local, state and territorial health departments can help further progress in reaching the goals of the NHAS and improving outcomes on the HIV Care Continuum.

In order to fully benefit from integrated data sharing and use, HRSA HAB strongly encourages complete CD4/viral load (VL) reporting to the local, state and territorial health departments' surveillance systems. CD4 and VL data can be used to identify cases, classify stage of disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into care and retention in care, measure viral suppression, and assess unmet health care needs. Analyses at the national level to monitor progress against HIV can only occur if all HIV-related CD4 and VL test results are reported by all jurisdictions. CDC recommends the reporting of all HIV-related CD4 results (counts and percentages) and all VL results (undetectable and specific values). Where laws, regulations, or policies are not aligned with these recommendations, jurisdictions might consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, reporting of HIV-1 nucleotide sequences from genotypic resistance testing might also be considered to monitor prevalence of antiretroviral drug resistance, and HIV genetic diversity subtypes and transmission patterns.

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP Part A and B recipients to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input. HRSA HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

As a cooperative agreement, **HRSA Program involvement will include:**

- 1) Making available experienced HRSA HAB personnel as participants in the planning and development of all phases of the activities related to the objectives;
- 2) Coordinating the partnership and communication with the Centers for Disease Control and Prevention (CDC) personnel and funded capacity building entities;
- 3) Participating in the design and direction of the strategies, tools, processes, targeted technical assistance site selection, and peer learning activities;
- 4) Ongoing review of the establishment and implementation of activities, procedures, measures, and tools for accomplishing the goals of the cooperative agreement;
- 5) Participating, as appropriate, in conference calls, meetings, and learning sessions that are conducted during the project period of the cooperative agreement;
- 6) Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement;



- 7) Making available HAB staff to support efforts of the targeted technical assistance and peer learning opportunities;
- 8) Participating in the dissemination (i.e., presentations to external and internal stakeholders, conferences, meetings, etc.) of project activities including best practices and lessons learned.

**In collaboration with HRSA and CDC, the cooperative agreement recipient's responsibilities, including the use of appropriate staff, partner organizations, and/or consultants, are:**

- 1) In year one, develop review tools and processes for the review of Integrated HIV Prevention and Care Plans, including the SCSN.
- 2) Based on HRSA and CDC review of the content and feedback on the Integrated HIV Prevention and Care Plans, develop strategies, tools, and trainings for RWHAP recipients and planning bodies to promote and support activities to integrate planning across prevention and care and treatment service delivery systems. These deliverables will be disseminated to all RWHAP Part A and B recipients throughout the project period.
- 3) Based on HRSA and CDC review of the content and feedback on the Integrated HIV Prevention and Care Plans, determine and deliver targeted technical assistance in select jurisdictions to promote and facilitate integrated planning.
- 4) Develop methods and models for peer learning opportunities across RWHAP recipients and planning bodies. These methods and models should build on existing platforms and convening opportunities.
- 5) Disseminate information to constituencies upon request.
- 6) Modify activities as necessary to ensure relevant outcomes for the implementation of the Integrated HIV Prevention and Care Plans, including the SCSN.
- 7) Provide HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project.

## **2. Summary of Funding**

This program will provide funding during federal fiscal years (FYs) 2016 – 2018. Approximately \$500,000 is expected to be available annually to fund one (1) recipient. Applicants may apply for a ceiling amount of up to \$500,000 per year. The actual amount available will not be determined until enactment of the final FY 2016 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for Ryan White HIV/AIDS Program Integrated HIV Planning Implementation in subsequent FYs, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern federal monies.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible organizations may include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers involved in addressing HIV-related issues on a national scope and within governmental public health structures.

Applicants have the option to submit proposals with partnering agreements if it enhances the capability and approach of working with state and city/county public health structures and their prevention and care programs.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

### **IV. Application and Submission Information**

#### **1. Address to Request Application Package**

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

## 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.**

### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

#### **i. Project Abstract**

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### **ii. Project Narrative**

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V, Review Criterion #1 - Need**  
This section should briefly describe the purpose of the proposed project. The applicant should include a discussion that exhibits an expert understanding of the issues related to the activities included in this funding opportunity announcement among its internal and consulting staff, as well as any partner organizations.

This section should describe how the proposed project will address the goals of providing technical assistance to RWHAP Parts A and B recipients and their planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems, and to support activities related to the CDC/HRSA

Integrated HIV Prevention and Care Plan submissions. The applicant should include a discussion that exhibits an expert understanding of state, county, and city health department program planning and planning bodies. The applicant should include a discussion that exhibits expertise in nationwide collaborations with federal agencies and national organizations.

- *NEEDS ASSESSMENT -- Corresponds to Section V, Review Criterion #1 - Need*  
This section should help reviewers understand the applicant's understanding of the need for this initiative. The applicant should describe their understanding of and relevant work on the National HIV/AIDS Strategy and the HIV care continuum. The applicant should describe the current state of HIV planning and provide an assessment of the challenges and strategies that may impact the technical assistance work. Describe how best practices for integrated HIV planning would be assessed in collaboration with HRSA and CDC. Data should be used and cited whenever possible to support the information provided. This section should help reviewers understand why entities, such as state, city, county health departments/organizations, RWHAP Parts A and B recipients and their planning bodies, HIV prevention programs, and other federally funded programs (Substance Abuse and Mental Health Services Administration [SAMHSA] and Housing and Urban Development [HUD]), may need the technical assistance. Discuss any relevant barriers that the applicant hopes to overcome as well as any challenges in meeting the expectations identified by HAB.
- *METHODOLOGY -- Corresponds to Section V, Review Criterion #2 - Response*  
Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in Section II.1. of this FOA. Discuss why the methodology chosen is appropriate for this project. Include development of effective tools and strategies for collaboration, technical assistance modalities and how the utilization of the tools, strategies and technical assistance modalities will meet the goals of the cooperative agreement. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to key target audiences.

The applicant should provide information on their ability, capacity, and past experience to:

- Provide ongoing technical assistance to assist state, city, and county health departments and their planning bodies in participating in integrated planning and in implementing peer learning activities;
  - Support development of review tools and processes for HIV planning documents;
  - Meet each of the previously-described program requirements and expectations as outlined in Section II.1. of this FOA; and
  - Work with health departments and planning bodies to implement system level changes.
- *WORK PLAN -- Corresponds to Section V, Review Criteria #2 – Response and #4 - Impact*  
Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. Use a timeline that includes each activity and identifies responsible staff. Discuss how these activities will contribute to the purpose of the technical assistance. The work plan should relate to the needs previously identified in the needs assessment and correspond to the activities described in the work plan narrative.

Develop a work plan in table format that corresponds with the work plan narrative and which must include each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step. The work plan must include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event in the project period) and any products to be developed.

Break out the work plan by year and include three (3) years of work plans to cover goals, objectives and action steps proposed for the entire 3-year project period.

Describe the plan and methods for disseminating best practice models and methodologies and project accomplishments and results. Describe how any tools and resources developed will be utilized to provide continuing assistance to CDC/HRSA funded recipients.

**NOTE: Organizations with a formal partner(s) must provide information on how they will ensure effective lines of communication and consistent, timely, high quality work from each organization leading the specific task.**

▪ *RESOLUTION OF CHALLENGES -- Corresponds to Section V, Review Criterion #2 – Response*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. Discuss challenges with partner organizations and identified resources and processes for maintaining engagement of national and local participants.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V, Review Criteria #3 – Evaluative Measures and #4 – Impact*

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Discuss plans for monitoring and assessing performance, including methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.

Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V, Review Criteria #5 – Resources/Capabilities*

Provide information on the applicant organization's current mission and structure, scope of current activities, and a project organizational chart as **Attachment 4**. The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed technical assistance activities to be funded through the cooperative agreement, not the entire organization, and it should include subcontractors and other significant partners/collaborators. Focus your emphasis on experience related to working with state and city/county health departments, and key stakeholder organizations; providing technical assistance and creating technical assistance modules and materials; and supporting peer learning opportunities across RWHAP recipients and planning bodies.

Applications containing partnering organizations must provide information on how the applicant organization will monitor and assess performance of methods and activities being completed by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

Discuss expertise of staff as it relates to the program requirements as delineated in Section II.1 of this FOA. Explain/substantiate organizational capacity and illustrate specific areas of organizational expertise. Include as **Attachment 3** any relevant letters of agreement or contract documents exhibiting partner commitment to the project.

Describe past performance managing collaborative federal grants at the national level, including examples of the extent to which deliverables were completed. Applicants should be able to demonstrate a minimum four year history of developing and disseminating technical assistance to RWHAP Parts A and B and CDC HIV Prevention recipients.

<b>NARRATIVE GUIDANCE</b>	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the

	support requested.
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### iii. *Budget*

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and the additional budget instructions provided below.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the RWHAP Integrated HIV Planning Implementation program requires the following:

#### Project Activity Budget

Applicants must submit a separate program-specific line item budget for each year of the three (3) year project period. This budget will be uploaded as an attachment to the application as **Attachment 6**.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2016, as required by law.

Note: If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement as **Attachment 7**. Indirect cost rate agreements will not count toward the page limit.

### iv. *Budget Justification Narrative*

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#).

### v. *Attachments*

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

#### *Attachment 1: Work Plan*

- Attach the work plan for the project that includes all information detailed in Section IV.
- ii. Project Narrative.

#### *Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.I. of HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the roles, responsibilities, and qualifications of proposed project staff.

*Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)*

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverables. Letters of agreement must be signed and dated.

*Attachment 4: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project.

*Attachment 5: Tables, Charts, etc.*

Optional: To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

*Attachment 6: Program Specific Line Item Budget*

Program-specific line item budgets with a separate budget for each year of the three (3) year project period. NOTE: It is recommended that the budget be converted or scan into a PDF format for submission. Do not submit Excel spreadsheets. It is recommended that a line item budget be submitted in table format, listing the program category costs. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Annual salary and total project full-time equivalent (FTE) should be included, as well as all costs by major activity.

*Attachment 7: Indirect Cost Rate Agreement, if applicable*

If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement. Indirect cost rate agreements will not count toward the page limit.

*Attachments 8-15: Other Relevant Documents*

Include any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

**3. Dun and Bradstreet Universal Numbering System Number (DUNS) and System for Award Management (SAM) (formerly, Central Contractor Registration)**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant organizations must also register with the SAM and continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).



HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- SAM (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [\*SF-424 Application Guide\*](#).

**Applicants that fail to allow ample time to complete their registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this FOA is *March 1, 2016, at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov or HRSA's [\*SF-424 Application Guide\*](#) for additional information.

#### **5. Intergovernmental Review**

The RWHAP Integrated HIV Planning Implementation is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [\*HHS Grants Policy Statement\*](#).

See Section 4.1 ii of HRSA's [\*SF-424 Application Guide\*](#) for additional information.

#### **6. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- Provision of direct healthcare,

- International travel,
- Pre-Exposure (PrEP) or Post-Exposure Prophylaxis (nPEP),
- Cash payments to intended recipients of services,
- Syringe services programs,
- Purchase or improvement of land,
- Purchase, construction, or permanent improvement, of any building or other facility.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016, as required by law.

All program income generated as a result of awarded funds must be used for approved project-related activities.

## V. Application Review Information

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The Ryan White HIV/AIDS Program Integrated HIV Planning Implementation Cooperative Agreement has 6 (six) review criteria:

*Criterion 1: NEED (15 points) - Corresponds to Section IV, Introduction and Needs Assessment*

- The extent to which the application demonstrates an understanding of the need for jurisdictional integrated prevention and care planning across CDC and HRSA funded recipients.
- The extent to which the application demonstrates a thorough understanding of the HIV Care Continuum and the goals of the NHAS.
- The strength of the proposed project in relation to the overall goal of providing technical assistance to RWHAP Parts A and B recipients and their planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems.
- The strength and feasibility of the proposed collaboration with CDC and HRSA around evaluation of Integrated HIV Prevention and Care Plan submissions.
- The extent that the application exhibits an expert understanding of state, county, and city

health department program planning and planning bodies.

- The extent to which the application demonstrates an understanding of the current state of HIV planning nationwide and provides an assessment of the challenges and strategies that may impact the provision of technical assistance.
- The strength of the description of how best practices for integrated HIV planning would be assessed in collaboration with HRSA and CDC.
- The extent that the application demonstrates a thorough understanding of which entities may need technical assistance and the barriers and challenges in doing so.

*Criterion 2: RESPONSE (35 points) - Corresponds to Section IV, Methodology, Work Plan, and Resolution of Challenges*

*Methodology (20)*

- The strength of the proposed methods to address the stated needs and meet each of the previously described program requirements and expectations.
- The strength of the proposed process of developing effective tools and strategies for collaboration, technical assistance modalities and how the utilization of the tools, strategies and technical assistance modalities will meet the goals of the cooperative agreement.
- The extent that the application demonstrates the ability, capacity, and past experience to:
  - Provide ongoing technical assistance to assist state, city, and county health departments and their planning bodies in participating in integrated planning and in implementing peer learning activities;
  - Support development of review tools and processes for HIV planning documents;
  - Meet each of the previously-described program requirements and expectations as outlined in Section II.1 of this FOA; and
  - Work with health departments and planning bodies to implement system level changes.

*Work Plan (10)*

- The extent to which the work plan includes clear and realistic goals and objectives for each year of the three (3) year project period that will meet the requirements of the program and corresponds to the described methodology.
- The extent to which the activities of the work plan are measurable and achievable and includes project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step during each year of the three (3) year project period
- The extent to which the proposed timeline of the work plan is detailed, measurable and achievable.

*Resolution of Challenges (5)*

- The extent to which the application demonstrates an understanding of the challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.
- The extent to which the applicant demonstrates an understanding of the challenges working with partner organizations and identified resources and processes for maintaining engagement of national and local participants.

*Criterion 3: EVALUATIVE MEASURES (5 points) - Corresponds to Section IV, Evaluation and Technical Support*

- The extent that the evaluation plan monitors ongoing processes and the progress towards the goals and objectives of the project.
- The strength and feasibility of the proposed methods to be employed to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
- The strength of the proposed data collection strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.
- The extent that the applicant demonstrates an understanding of any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

*Criterion 4: IMPACT (15 points) - Corresponds to Section IV, Work Plan and Evaluation and Technical Support*

- The strength of the proposed method for disseminating best practice models and methodologies, and project accomplishments and results
- The extent to which the applicant demonstrates how any tools and resources developed and approaches utilized will provide continuing technical assistance to CDC/HRSA funded jurisdictions.

*Criterion 5: RESOURCES/CAPABILITIES (25 points) - Corresponds to Section IV, Organizational Information*

- The strength of the applicant organization's current mission and structure, scope of current activities, and project organizational chart (Attachment 4).
- The extent that the application demonstrates experience related to working with state and city/county health departments, and key stakeholder organizations; providing technical assistance and creating technical assistance modules and materials; and supporting peer learning opportunities across CDC/HRSA recipients and planning bodies.
- The strength of the proposed methods to be used to monitor and assess the performance of partner organizations and how the individual efforts of the partner organization(s) help to implement the activities in the cooperative agreement overall work plan.
- The strength of the expertise of staff as it relates to the program requirements as delineated in Section II.1 of this FOA.
- The strength of the organizational capacity of partner organizations and specific areas of organizational expertise.
- The extent that the application demonstrates expertise in nationwide collaborations with federal agencies and national organizations.
- The extent that application demonstrates significant past experience successfully managing collaborative federal awards, including example of the extent to which deliverables were completed. Applicants should be able to demonstrate a minimum of four years prior experience of developing and disseminating technical assistance to RWHAP Parts A, B, and/or CDC HIV Prevention recipients.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV, Budget/Budget Justification*

This includes the reasonableness of the proposed budget for each year of the three (3) year project period in relation to the objectives and the anticipated results. The extent to which the application:

- demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the scope of work,
- provides budget line items that are adequate and appropriate for proposed project activities,
- clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives, and
- provides a clear justification of proposed staff, contracts and other resources.

## **2. Review and Selection Process**

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

## **3. Assessment of Risk**

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

## **4. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of July 1, 2016.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

### 3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [2 CFR 200 Appendix XII](#).

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Karen Mayo  
Grants Management Specialist  
Division of Grants Management Operations/OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10NWH04  
Rockville, Maryland 20857  
Telephone: (301) 443-3555  
Fax: (301) 594-4073  
E-mail: [KMayo@hrsa.gov](mailto:KMayo@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting

Heather Hauck, MSW, LICSW  
Director, Division of State HIV/AIDS Programs  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Mail Stop 09SWHO3  
Rockville, Maryland 20857

Telephone: (301) 443-6745  
Fax: (301) 443-8143  
E-mail: [HHauck@hrsa.gov](mailto:HHauck@hrsa.gov)

Applicants who need assistance when working online to submit their application forms electronically should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24-hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

### **Technical Assistance:**

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. An FOA webinar will be held on Wednesday, January 6, 2015 at 3:00PM EST. To join the web portion, please use the following link: [https://hrsa.connectsolutions.com/integrated\\_planning/](https://hrsa.connectsolutions.com/integrated_planning/). To join the audio portion, please Dial 888-469-1573; and the participant passcode: 5798313.

HRSA has issued related guidance on integrated HIV plans and planning which can be found at:

<http://hab.hrsa.gov/manageyourgrant/dclhivprevention062015.pdf>

<http://hab.hrsa.gov/manageyourgrant/hivpreventionplan062015.pdf>

<http://hab.hrsa.gov/abouthab/files/integratedplanningletter05222013.pdf>

## **IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [SF-424 Application Guide](#).